

# NATIONAL FRENCH CONTEST TEACHER ORDER FORM FOR TESTING MATERIAL

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ School Phone: \_\_\_\_\_

In-school Contest Administrator/Proctor: (Guidance counselor / Principal)

\_\_\_\_\_ e-mail: \_\_\_\_\_

Date of exam administration: \_\_\_\_\_

Participating Teacher(s) (Must complete for each participating teacher)

AATF member?

1. \_\_\_\_\_ Yes / No \_\_\_\_\_  
(Teacher) (date paid)

\_\_\_\_\_ ( Home phone) \_\_\_\_\_ (E-mail)

2. \_\_\_\_\_ Yes / No \_\_\_\_\_  
(Teacher) (date paid)

\_\_\_\_\_ ( Home phone) \_\_\_\_\_ (E-mail)

EXAM COPIES				LISTENING COMPREHENSION CDs			
Number of copies	LEVEL	Member	Non-Member	Number of CDs	LEVEL	Member	Non-Member
1 per student		@ \$3.00	@ \$5.00	1 per level		@ \$6.00	@ \$7.00
_____	<b>01</b>	_____	_____	_____	<b>01</b>	_____	_____
_____	<b>1</b>	_____	_____	_____	<b>1</b>	_____	_____
_____	<b>2</b>	_____	_____	_____	<b>2</b>	_____	_____
_____	<b>3</b>	_____	_____	_____	<b>3</b>	_____	_____
_____	<b>4</b>	_____	_____	_____	<b>4</b>	_____	_____
_____	<b>5</b>	_____	_____	_____	<b>5</b>	_____	_____

Exam copies sub-total # \_\_\_\_\_ \$ \_\_\_\_\_ CDs, sub-total # \_\_\_\_\_ \$ \_\_\_\_\_

**Total cost (Tests + CDs) \$ \_\_\_\_\_**

**Make check payable to:** National French Contest, NAATF

**Send with payment and Consolidated Student Eligibility Form to:** Mitzi Delman, NAATF Contest Administrator;  
15367 Holmes Plaza; Omaha, NE; 68137-5020 **Orders must be received by Monday, January 23, 2012.**